

## TRANSMITTAL FORM

Attorney Docket No.  
RPS920030049US1/2826PIn re the application of: **Brian M. KERRIGAN et al.**Confirmation No: **2960**Serial No: **10/608,454**Group Art Unit: **2841**Filed: **June 26, 2003**Examiner: **Hung S. Bui**For: **Server Packaging Architecture Utilizing a Blind Docking Processor-to-Midplane Mechanism**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc.	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

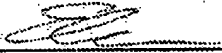
## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	19	21	0	\$ 50.00	\$ 0.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation).

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Erin C. Ming, Reg. No. 47,797
Signature	
Date	July 6, 2006

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Hung S. Bui via the USPTO EFS-Web on July 6, 2006.

Type or printed name	Jinny Nguyen
Signature	

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Hung S. Bui via the USPTO EFS-Web on July 6, 2006.

  
Jiny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: July 6, 2006

Brian M. Kerrigan, et al.

Confirmation No. 2960

Serial No: 10/606,454

Group Art Unit: 2841

Filed: June 26, 2003

Examiner: Hung S. BUI

For: **SERVER PACKAGING ARCHITECTURE UTILIZING A BLIND DOCKING  
PROCESSOR-TO-MIDPLANE MECHANISM**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT IN REPLY TO THE ACTION OF APRIL 6, 2006

Dear Sir or Madam:

In response to the Office action dated April 6, 2006, please amend the above-identified application in the following manner:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 10 of this paper.